Surgical Treatment Of Achilles Tendon Injuries By The Transposition Method Of Flexor Tendon Of Long Finger 1.

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ABSTRACT

In this article, one of the important injuries for Traumatologists and Orthopedists is the selection of the treatment method for chronic injuries of the Achilles tendon, improvement of the operative treatment technique and the treatment of chronic injuries - prevention of limitation of activity in the love joints and study of early rehabilitation methods and methods of treatment of these pathologies with our experiences and long-term postoperative results are presented.

Materials and methods: Republican Specialized Traumatology and Research was conducted on 96 patients treated with Achilles tendon injuries from 2019 to 2023 at the "Hand and Foot Claw Surgery" Department of Orthopedics Scientific and Applied Medicine Center. MRI, radiography, ultrasound and clinical examination methods were used in the patients. It has been proven that re-injury of the Achilles tendon was observed in patients who were all operatively treated and non-operatively treated patients [4]. Patients are of different ages. Patients with Achilles tendon injuries for various reasons. 96 (26) of the patients were women and 96 (70) were men. Age Limit Women 17 to 70 years. Men from 13 to -67 years old.

Keywords: Achilles tendon. Achilles tendon injuries. Thompson's symptom. KUWADA classification

Introduction

The Achilles tendon is one of the most important tendons in the human body. The incidence of Achilles tendon injuries in humans is 5.5(1) to 18:100,000(2) per year, and this rate has been increasing over the past 10 years (3). Achilles tendon injuries account for 23% (12-16) of all tendon injuries. (The main factors leading to rupture of the Achilles tendon are: sudden forced plantar flexion of the foot, direct injury, long-term tendinopathy or internal degenerative changes, poor physical preparation before training, playing some sports (diving, tennis, basketball, athletics) , long-term use of corticosteroids (spontaneous termination), 5 long-term stress, taking antibiotics, hypercholesterolemia, rheumatoid arthritis, long-term dialysis in patients with kidney failure, and kidney transplant patients have been found to be more common [6,7,8,9]. ,10,11]

In acute cases of Achilles tendon injuries, symptoms of injury may include: severe pain in the heel and lower leg, cracking sound (a common sign of an Achilles tendon injury), soft tissue swelling, inability to dorsiflex, inability to rise on tiptoes, inability to lift the heel off the floor, hypermobility - rear foot limping when trying to passively bend to the side.

Chronic pain, lameness and relative atrophy of the lower leg, inability to stand on tiptoe, seriously affect the daily life of such patients.

Achilles tendon injuries can vary in severity. Based on this criterion, 4 categories of injuries are distinguished. According to the KUWADA classification. First category - more than 50% of the cross section of the Achilles tendon is not damaged. In this case, conservative treatment is used. The second category - there is a tendon injury and the defect at the tip of the tendon is less than 3 cm. The third category is the defect in the tendons from 3 to 6 cm, and the fourth category is the patient with the defect of the tendons more than 6 cm. The extent of the patient's hip injury and the resulting defects are of great importance in choosing the type of operative treatment. **The main part of the patients who have applied need operative treatment. According to D.V. Chugaev(17), the safest among the autografts of the patients who came to the hospital with an old injury, according to the KUWADA classification, is the short muscle tendon of the lower leg. According to d.m.n. Kotelnikov [18], in Achilles tendon injuries with a defect of 10 cm, the transposition of the posterior calf muscle tendon and the calf short muscle tendon is considered the best way to solve the problem.**

The purpose of the study: to choose and impr ove the surgical treatment method for chronic i njuries of the Achilles tendon.

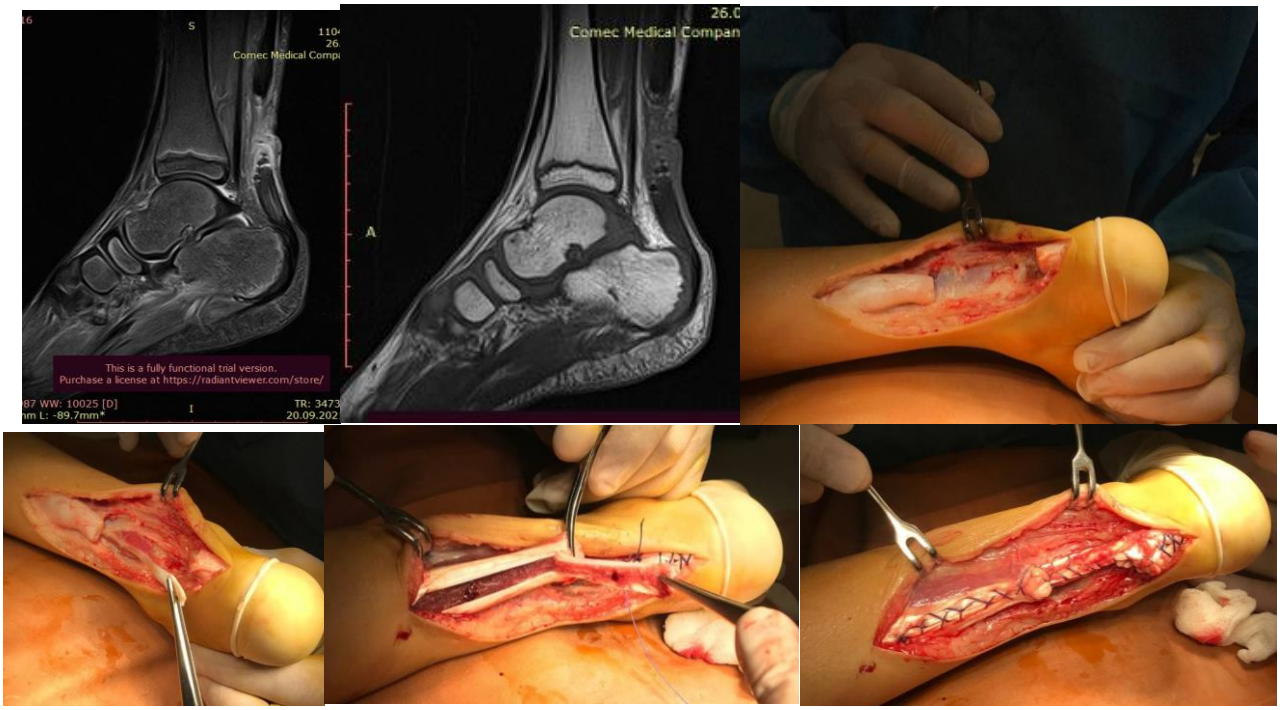
Material and methods: Research was conduct ed in 96 patients treated with Achilles tendon in juries in 2019-2023 at the Department of Hand and Foot Claw Surgery of the Republican Specia lized Traumatology and Orthopedics Center for Scientific and Practical Medicine. Ultrasound, x-ray, MRI, and clinical examination methods wer e used in patients. These examinations help in e arly detection of injuries and operative treatme nt in patients (4). Patients are of different ages. Patients with Achilles tendon injuries for variou s reasons. 96(26) of the patients were women a nd 96(70) were men. Age Limit Women 17 to 7 0 years. Men from 13 to -67 years old. 54 patien ts were found to have worn Achilles tendon inju ries, and 1 digit flexor longus tendon (FHL) tran sposition was performed in 33 of the worn injur ies. In the remaining 21 patients, the axillary lig aments were restored in Chernyavisky, (V) and (Y) shape. Of the 33 patients with transposition, 9 had degenerative injuries according to Haglun d deformity. 9(6) female.9(3) male. Of the rema ining 24 patients, 24(14) were male. 24(10) wo men. Organizes.

Patient (A)

The patient received an injury on 04/23/2023 a nd underwent surgical repair of the Achilles ten don at the place of residence. The patient was tr eated in a plaster cast. The patient began to wal k independently and on (19.07.2023) he fell an d injured himself again in football. The above co mplaints of the patient The patient came to the Department of Hand and Foot Paw Surgery of R ITOIATM with the above complaints. When the patient was examined, the scar left from the ope ration in the Achilles tendon area showed pain a

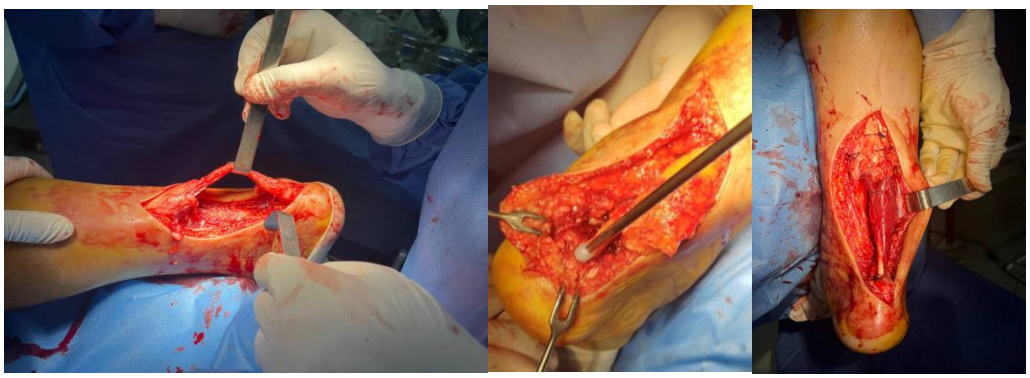
nd subcutaneous hematomas in this area, and a n MRI examination revealed an injury to the Ac hilles tendon, and operative treatment was reco mmended.

The patient was placed on his stomach under sp inal anesthesia, and an S-shaped cut was made f rom the branch of the Achilles tendon. The Achi lles tendon was found and was found to be cove red with a scar. Because the Achilles tendon had a 6 cm defect (type Sh according to the KUWAD A classification), the FHL was transposed to the calcaneus using a Teknimed Interferent screw. Then a plaster cast was applied to the patient in a 90-degree position.



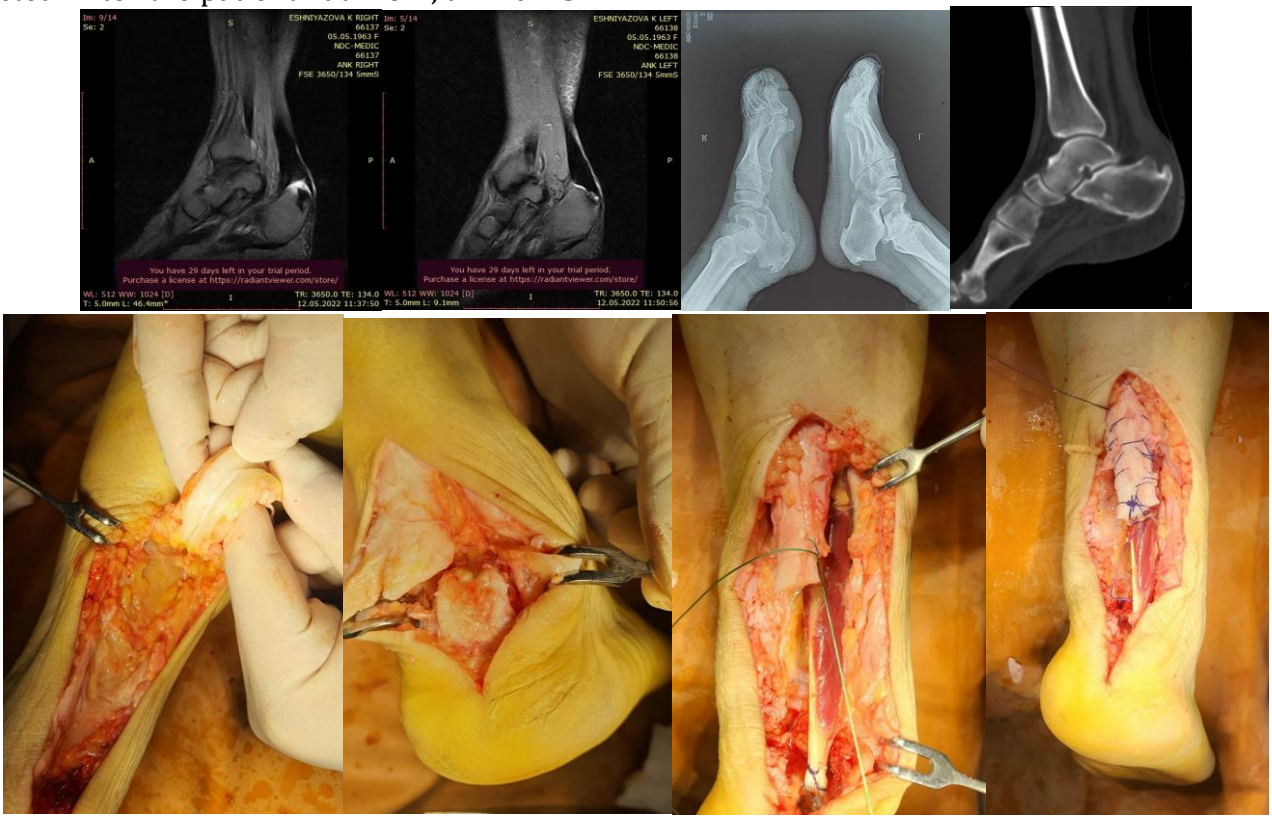
Patient B

Patient B was injured 6 months ago. First aid is provided at the place of residence. He was treat ed in plaster for 1 month. When Song started w alking, pain and weakness were detected in his l eg. He came to the hospital with the above com plaints. Calf atrophy, hyper dorsaflexion, positiv e Thompson's symptom were detected on MRI with an axil injury defect. Operative treatment was recommended for Bomr. The patient's Achi lles tendon was cut 12.cm in the shape of an S. When the tendon was opened, it was found that it had formed a scar. The scars were cut down t o the healthy pubic area. After the healthy tend on was measured, it was found that an 8 cm def ect was formed **(type 4 according to the KUW ADA classification)**, and 1 toe FHL transpositio n was planned and transferred to the calcaneus. And Teknimed 8.5 diameter interference screw was fixed leg in 90 degree position. Song Akhil j oined the FHL. Thompson's syndrome is negativ e. Hyperflexion is negative. A plaster cast was a pplied to the patient in a 90-degree position.



Patient C

The patient has been receiving outpatient treatment at his place of residence for several years. Recently, the pain in the achilles area of the leg increased and he came with the above complaints, and when examined, pain in the area of the achilles area, lameness and deformation of the part where the achilles area is attached to the heel bone were found. X-ray and MRI examinations were then performed on the patient, and degenerative changes of the Achilles tendon and Haglund's deformity were detected. After the patient had AOM, a 12 cm S-shaped skin incision was made from the Achilles tendon, the wound was opened, the achilles was found, and a degenerative lesion was found at the tendon junction, and Haglund's deformity was flat resected. Then, when the Achilles tendon was separated from the scars, a 9.0 cm defect (type IV according to the KUWADA classification) was created and 1 FHL was transposed. The leg was fixed with a Teknimed 8x24 mm Interference screw at a 90-degree angle. Then a plaster cast was applied to the patient in a 90-degree position.



Conclusion: The results of the conducted studi es show that our modified surgical approach in the treatment of Achilles tendon injuries has yi elded effective results. In this case, the surgical methods improved by the doctors of our RITOI ATMI "Hand and foot surgery" department led t o good results. With these methods, it was poss ible to use in any injuries of the Achilles tendon from 6 cm to 12 cm, and the advantage of this method over other methods was fixation using interference screws, which created the possibili ty of early rehabilitation. After the operation, p atients were put on a 90 g plaster cast.

On the contrary, conservative treatment wa s ineffective in patients treated with traditional methods. In the case of traditional surgical trea tment, excellent and good results were found to decrease in patients. Also, traditional treatment did not allow early rehabilitation at all.

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